



Fall Survey

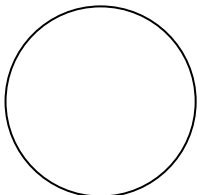
 Date _____

*Fill out this form with your student at the beginning of the school year, then again in the spring (back side).

Directions: Read the questions to the child and record exactly what is said.

HOW DO I FEEL ABOUT READING?

1. Draw a face that shows how you feel about reading.



2. I like reading
(Circle one)



It's awesome!



Reading is ok.



I'd rather be doing other things.

3. When you have free time, how often do you choose to read?

_____ Every day _____ Sometimes _____ Never

4. What do you like to read about?

_____ Animals _____ Real People _____ Mystery _____ Funny or Silly Things
_____ Sports _____ Science or Nature Other _____

5. How do you like to read? (Choose all that you like.)

_____ By myself _____ With friends _____ With my teacher
At home with _____

6. Where do you get your books to read? _____

7. What do you do when you get to a word you don't know?

8. Tell about something that you are very good at _____

9. Finish this sentence: Reading is _____

Student First Name _____ Grade _____ Age _____ Gender _____

School _____ Volunteer _____